Life-shortening congenital condition withdrawal application



Important information

Under the KiwiSaver Act 2006 (Act), you may be able to make a withdrawal from your BNZ KiwiSaver Scheme (BNZ KiwiSaver) investment if you have a life-shortening congenital condition. You may qualify if you have a condition that exists from the date of your birth that is:

- a. identified as a life-shortening congenital condition by the KiwiSaver Regulations 2006 (Listed Condition); or
- not a Listed Condition, but you can provide evidence it is a condition that
 is expected to reduce your life expectancy (or the life expectancy of people
 in general with the same condition) below the age of qualification for NZ
 Superannuation (currently age 65) (Non-Listed Condition).

If you make a withdrawal from KiwiSaver under the life-shortening congenital condition withdrawal category you will:

- a. be treated as if you have reached the New Zealand superannuation qualification age, and
- b. no longer be entitled to government contributions or compulsory employer contributions.

A life-shortening congenital condition withdrawal will not prevent you from continuing in paid employment.

Important: If you withdraw from KiwiSaver due to a life-shortening congenital condition, you may no longer be eligible for social assistance or any other form of government assistance. Please contact your assistance provider to determine your individual circumstances before you apply.

You are required to **complete the statutory declaration** contained in this Form (this must be done before a Justice of the Peace, Solicitor, Notary Public or another person authorised to take a statutory declaration). Please also **ensure your medical practitioner completes the medical practitioner's declaration** contained in this form.

If your principal place of residence has been outside New Zealand during your KiwiSaver membership, you are not entitled to government contributions during that period. Your principal place of residence is where you mainly reside. If you declare that your principal place of residence was not New Zealand during your KiwiSaver membership, any government contributions you were paid during that period will be deducted from your final balance and returned to Inland Revenue.

Checklist

Before returning this form, please make sure that you are fully aware of:

- the information provided;
- · what you need to do; and
- the requirements you must meet

in order to qualify for this withdrawal.

Please provide the following:

- This form with all sections completed, including the statutory declaration; all relevant supporting information or documentation; and
- completed medical practitioner's declaration.

ID checklist

When returning your application you **must** include the following:

A current certified copy of one of these three options:

- Your passport page showing your name, date of birth, photo, and signature.
 - Your New Zealand firearms licence.
 - Your New Zealand driver licence showing your name, signature and expiry date along with one of the following:
 - An item issued by a NZ Government agency that contains your name and signature, for example a SuperGold Card or Community Services Card.
 - A bank statement issued by a registered NZ bank (except BNZ) dated within the last 12 months.

Plus a certified¹ copy of one of these four options showing your name and residential address (which can't be more than 90 days old):

- A utility bill from your power, gas, water, landline phone, SKY or internet service provider company.
- A document issued by a NZ Government agency (IRD, ACC, Ministry of Justice, NZQA, or WINZ).
- A NZ council rates notice/valuation.
- A residential rental agreement.
- 1. Your document can be certified by a Justice of the Peace, Solicitor, Notary Public, Member of Parliament, or other person with the legal authority to take statutory declarations or the equivalent in New Zealand. Please note that the certifier must be at least 16 years of age and cannot be related to you or a person living at the same address as you, your spouse or partner, anyone involved in the transaction or business requiring this certification. For more information please visit bnz.co.nz/identification

1. Your details

BNZ KiwiSaver accou	unt	num	ber
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Bank	Branch	Acco	unt number		Suffix	
Mr	Mrs	Ms	Mis	s (please	Other specify)	
Name						
First						
Last						
Date of	birth		IR	D number		
		V V				

Prescribed investor rate (PIR)

10.5%	17.5%	289

Please refer to <u>bnz.co.nz/pir</u> for more information on your PIR.

Postal address

Street address	
Suburb	
Town/City	Postcode
Country	

Phone

Home					
Mobile					
Work	1				

Email address

Work email*	
Home email*	

^{*}For correspondence.

2. Withdrawal request		3. Payment details
If you select this option you will be able to	equests to be made via email instruction o make one-off withdrawals (to the account) by emailing kiwisaver_support_team@bnz.co.nz	Any withdrawal payments will only be paid in New Zealand dollars to a New Zealand bank account.
or via a secure message request.	of chaining kwisaver_support_ceaningshz.co.nz	Bank account name
How much of your BNZ KiwiSaver in	nvestment do you need? all of your investment in BNZ KiwiSaver.	Member/Account name
Amount of withdrawal (please tick one		Account details
All available investments; or		
A partial withdrawal of; or	\$	Bank Branch Account number Suffix
A regular withdrawal of	\$	Particulars to appear on your statement:
		Code:
Frequency Weekly Fortnightly	Monthly Quarterly Yearly	Reference:
At least 10 business days are required to set u	p a regular withdrawal after your application has ease ensure you leave sufficient time for this when	Please provide a pre-printed deposit slip if it's not a BNZ bank account.
Start date D D M M Y Y		4. Details of condition
	will be actioned. Payment to your bank account due date. Please keep this in mind if you want to	Please indicate below the life-shortening congenital condition that you have (if listed). If your condition is not listed, please give full details of your condition in the box provided.
For a partial or regular withdrawal	rtionately across each fund that I'm	The Supervisor may require additional information or documentation to be verified by oath, statutory declaration or otherwise.
invested in; or	intionately across each fund that i in	Listed Congenital Condition
Please make my withdrawal requ	est, as outlined below:	I have one of the following Listed Conditions (please tick one):
Fund	Amount	Down Syndrome (Down's Syndrome)
Cash Fund	\$	Cerebral Palsy
First Home Buyer Fund	\$	Huntington's Disease (Huntington's Chorea); or
Conservative Fund	\$	Fetal Alcohol Spectrum Disorder
Moderate Fund	\$	Non-Listed Congenital Condition
Default Fund	\$	
Balanced Fund	\$	
Growth Fund	\$	
High Growth Fund	\$	
Total	\$	
If you make a full withdrawal from you	ur BNZ KiwiSaver investment you will no	
	and your investment will be closed. A full ness days to process as all employee and	
employer contributions or final govern have been received from Inland Reven		
If you are opting for a partial or regula	r withdrawal, you can still contribute to	
	l withdrawals must be for \$500 or more. 'll need to make a full withdrawal. If your	
partial withdrawal will leave less than \$	1,000 in your investment, your withdrawal	
	amount to ensure a \$1,000 balance is enerally take 5-10 working days to process.	
Regular withdrawals are subject to a r		
fortnight, \$400 per month, \$1,000 per is less than \$1,000 you'll need to make	quarter or \$2,000 per year, if your balance a full withdrawal.	
If you do not specify the fund and a do withdrawal will be deducted proportion	ollar amount, any partial or regular onately across each fund you're invested	
in. If you specify an amount that is no unavailable amount will be proportion you're invested in.	t available in a particular fund(s), the	
As you will be treated as if you have read qualification age, you are no longer elig		
compulsory employer contributions are		

Your withdrawal amount will be adjusted for any tax which arises as a result of your withdrawal. Acceptance of your withdrawal request is at the discretion of the Supervisor.

Unit prices may go up or down between the time your withdrawal request is made and the date the relevant units are actually redeemed.

5. Personal Information Notice

To offer and/or provide you with products or services we need to collect, use and disclose your personal information in accordance with BNZISL's Privacy Policy and BNZ's Master Privacy Policy. The privacy policies set out the purpose of this collection, details of how the information may be used or disclosed, your rights to that information (such as access and correction), BNZISL and BNZ's legal obligations and the consequences of not providing the information. These privacy policies are available on the BNZ website or you can ask BNZ for a copy.

For this specific product, your personal information will be used and shared for the purposes of:

- · operating, administering, and managing BNZ KiwiSaver
- · complying with legal obligations.

Third parties your information may be shared with include:

- · the Supervisor of BNZ KiwiSaver
- BNZ and members of the National Australia Bank group of companies
- · FirstCape group companies
- Inland Revenue
- Financial Markets Authority.

A special notice about your health information

Your health information will be collected, used and disclosed where this is necessary to provide the products and services you request. At times, this may require BNZ to ask health service providers (including your doctor, hospital, clinic or ACC) for information about you. Only relevant health information will be collected and disclosed and your consent to do this is requested in the statutory declaration section.

You should be aware that your health information (along with the other personal information collected) can be used for the purposes of assessing this application and managing your BNZ KiwiSaver investment. Your information may be shared with any necessary third party, such as the Supervisor, for the same purposes.

6. Statutory declaration

Please don't sign this section in advance. It must be signed in front of a Justice of the Peace, a Solicitor, Notary Public or other person authorised to take an Oath or Declaration in accordance with section 9 (for declarations made in New Zealand) or with section 11 (for declarations made outside New Zealand) of the Oaths and Declarations Act 1957.

l,	Name
of	Residential address
	Occupation

solemnly and sincerely declare that:

- I have a life-shortening congenital condition, and I am applying to the Supervisor for a withdrawal from my BNZ KiwiSaver investment as detailed above to be paid to the bank account specified in this form.
- I understand that my funds are being released to me as if I have reached the New Zealand superannuation qualification age.
- I will no longer be eligible to receive government contributions, or compulsory employer contributions in relation to any future employment (if any).
- I have read the Personal Information Notice.
- I authorise BNZ to collect any relevant personal information from, and to disclose any relevant personal information to health service providers or other parties for the purposes of assessing this application and managing my BNZ KiwiSaver investment, as set out in the Personal Information Notice.
- I understand that the Manager and/or Supervisor of BNZ KiwiSaver will not be able to complete its assessment of this application if the information given in this form is incomplete or incorrect.
- The information supplied in (or in connection with) this application is true
 and complete and accordingly, I agree to indemnify BNZ, the Supervisor
 and the Manager against any claims, liability, losses, and costs (including
 legal costs on a solicitor/client basis) whatsoever which may arise directly
 or indirectly as a result of any information provided in (or in connection
 with) this form being untrue or misleading (including by omission).
- I understand that the withdrawal value will be based upon the unit price(s)
 applying on the business day after my request is approved or accepted
 and that fees, taxes, and expenses may be deducted.
- I understand that acceptance of this application is at the discretion of the Supervisor and that fees may apply.
- I understand that the Manager and/or the Supervisor may request additional information from me relating to this application.

Please tick the statement that applies: During my KiwiSaver membership, my principal place of residence was During my KiwiSaver membership, there were periods when my principal place of residence was not New Zealand. To the best of my knowledge, the specific periods during my KiwiSaver membership when my principal place of residence was outside New Zealand are: I have accurately reflected the dates during which I have had my principal place of residence in New Zealand. And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957. Signature Declared at Location on Date Before me: (please print the name and occupation of the person taking the declaration, being a person authorised under the Oaths and Declarations Act 1957) Name Occupation

Signature where power of attorney exists

Please complete and sign the following declaration if the application is being made by an individual who holds power of attorney. Please attach a certified copy of the power of attorney, and complete the following:

Certificate of non-revocation of power of attorney

Sianature

١,	Full na	ame of attorney	,
of	Place	and country of residence and occupation of attorney	/
ce	rtify		
1.	That b	y a deed dated D D M M Y Y	
	Full n		
	of		
	appoin	nted me his/her attorney.	
2.	That I h	have not received notice of any event revoking the power of	of attorney.
Sig	ned at	this	day of
		2 0 Y Y	
Sig	gnature	e of attorney	

Signature To submit your application, please do one of the following:

- Email this form and all supporting documents to kiwisaver_support_team@bnz.co.nz
- Drop this form and all supporting documents into any BNZ branch
- Post this form and all supporting documents to: Freepost BNZ KiwiSaver Scheme Private Bag 92208, Auckland 1142
- Courier this form and all supporting documents to: BNZ KiwiSaver Scheme Level 4, Deloitte Centre 80 Queen Street Auckland 1010

To be completed by a registered medical practitioner





Mr Mrs Ms Miss Other (please specify) Name First Last Date of birth Date of birth Postal address Suburb Town/City Postcode Country
Name Also, please outline the existing national or international research that forms the basis for the life expectancy assessment. You may provide links to medical journals or research to support this requirement. Date of birth Postal address Street address Suburb Town/City Postcode
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Date of birth Postal address Street address Suburb Town/City Postcode
Postal address Street address Suburb Town/City Postcode
Postal address Street address Suburb Town/City Postcode
Street address Suburb Town/City Postcode
Suburb Postcode
Town/City Postcode
Country
Health practitioner's details
I, Dr. Name
of Practice ,
of Address
Contact details
Email
Phone
Certify that:
1. I am a registered medical practitioner with the Medical Council of
New Zealand.
2. I confirm that: The member has one of the following life-shortening congenital conditions:
Down Syndrome (Down's Syndrome)
Cerebral Palsy
Huntington's Disease (Huntington's Chorea); or
Fetal Alcohol Spectrum Disorder
OR (b) The member has a congenital condition (other than one listed above) Signature
that has existed since the date of their birth and it is a life-shortening condition for the member, or persons in general with that condition.
on Date O M M V Y
GP/Practice stamp
Medical or Nursing Council Registration number: